

MDR Tracking Number: M5-04-1355-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 12, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the aquatic therapy for dates of service 01-13-03 through 01-23-03 **were not** found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on the review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was not the only issue to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division

On April 23, 2004, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The carrier denied CPT codes 97113 and 99213-PT for service rendered on 01-27-03 with "N – Not Documented." Requestor submitted relevant information that supports documentation criteria and delivery of service for 97113 and 99213-PT. Therefore, recommend reimbursement of \$156.00 (3 units of 97113) + \$48.00 (99213-PT) = \$204.00.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to date of service 01-27-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 30th day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1355-01
IRO Certificate Number: 5259

April 13, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

This is a gentleman who sustained a lumbar injury. This went to surgical intervention in July 2002. Post-operatively there was a great deal of modalities geared towards rehabilitation and pain amelioration. He was tried on aquatic therapy for nine sessions with marginal results.

REQUESTED SERVICE(S)

Aquatic therapy for dates of service 1/13/03 through 1/23/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This is a gentleman who had a protracted course and little, if anything appeared to

alleviate the symptoms. Thus a trial of aquatic therapy was implemented. The claimant was introduced into the program with increasing minutes and advancing into the pool. The purpose of the pool was to allow for the buoyancy to assist in the therapeutic exercises. However, as noted on the January 9, 2003 physical therapy note, there was an inability to advance in terms of depth of the pool secondary to a fear of swimming. As noted by Salzman (Building the Case for Aquatic Based Therapy) the aquatic therapy would have to offer an environment not available in land based therapy. This standard was not met. Standing in chest deep water did not allow for the therapeutic effect of the water to be realized. Multiple other authors note similar findings. One week later (1/16/03) it was reported that the hot water hydro massage was more effective in ameliorating the discomfort. There was no need to continue to continue with pool therapy when there was a fear of water deep enough to achieve buoyancy and that the hot water was more efficacious. Thus, after the realization that there was a fear of swimming, there was no real indication for continued low water exercises.